SSI ASSESSMENT TOOL

CHILD'S NAME:	CHILD'S DOB:	CHILD'S SS#:
PFD:	Fast Track? ☐ YES ☐ NO	

Disability Assessment

The following documents should be gathered and submitted to SSA with the application:

Medical/Behavioral/Developmental

Gather Data (information from child's treating physicians is preferable).

- Child's Medical Record Number(s) and source of number(s)
- Name, address, and phone number of every doctor, therapist, and clinic/hospital that has seen or treated the child for at least the last year.
- Any available medical records.
- Any medications the child is taking.
- Any medical tests the child has had.
- Signed Authorization to Disclose Information to the Social Security Administration (SSA 827) (See Appendix C for sample.)
- Function Reports (SSA 3375 through 3379)
- SSA 3368 or SSA 3820
- SSA 11 BK (Representative Payee Form)

Educational

Gather Data:

- Names, addresses, and phone numbers of any schools the child attended in the past 12 months.
- Names of teachers, psychologists, counselors, speech and other therapists who have seen or treated the child.
- The child's Individual Family Services Plan or Individualized Education Plan.
- Other school records.

Employment/Financial/Other

Gather Data:

- Names, addresses and phone numbers of any employers the youth has had.
- Proof of current income and resources for the child.
- Certified copy of birth certificate or proof of U.S. citizenship or qualified immigrant status.
- Copy of court order which gives county custody and care of child/youth.

Likely Eligible for SSI?   ☐ YES ☐ NO

NOTE: The following categories of disability are presumptively eligible: amputation, deafness, blindness, wheelchair or bed-bound, cerebral palsy, Down syndrome or obvious mental retardation, prematurity with birth weight of 1,200 grams or less, or HIV/AIDS.

Condition(s) likely to qualify child for SSI:_____

SIGNATURE OF EMPLOYEE COMPLETING FORM:	DATE:
PRINTED NAME/ID #/CLASSIFICATION OF EMPLOYEE COMPLETING FORM:	